

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98772 Office of Registrar of Vital Statistics. Ward 117

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 23/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Paul Armin Plett

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

15 Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Balt.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore.

Place of Death, { Give Street and Number. }

109 S. Collington av

Cause of Death, { First (Primary),

Cyanosis

Second (Immediate),

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, March 24, 1887

{ Undertaker, H. A. Dager, Atty.

{ Place of Business, 229 S. Broys

R. W. Mansfield

M. D.

Medical Attendant.

Address, 129 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98773 Office of Registrar of Vital Statistics. Ward 6 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 20th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Heinzman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 Years, 2 Months, 19 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 36 North Patterson Pk. Ave.

Cause of Death, { First (Primary), Obstruction, Second (Immediate), Dropsey }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 23rd 1887

{ Undertaker, H. A. Daiber only, John B. McCormick M. D. Medical Attendant.

{ Place of Business, 229 Broadway Address, 8 W. Calvert St. Bed.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98777 Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH. B

Date of Death, March 21, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julia A. Onion.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 59. Years, Months, Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housewife.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 49 Years.

Place of Death, { Give Street and Number. } 1216 N Caroline St.

Cause of Death, { First (Primary), Locomotor Atrophy. }

Second (Immediate), Extension to Nervous Center.

Duration of Last Sickness, 10 Years.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount.

Date of Burial, March 23, 1887. J. W. Chambers M. D.

Undertaker, Wm. H. Wickman, Medical Attendant.

Place of Business, 234 N. Ely. Address, 309 N. Ely St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98773 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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MAR 23 1887

CERTIFICATE OF DEATH.

Date of Death,

March 21st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

George W. McCauley

Sex, Male { Cross out the word not required in this line. }

Age, Thirty two Years, Months,

Days

Color, White

Married, Single, Widower, { Cross out the words not required in this line. }

Occupation,

Draughtsman

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore Co. - Md

Duration of Residence in the City of Baltimore, Twenty years.

Place of Death, { Give Street and Number. }

8016 1/2 West Lafayette St.

Cause of Death, { First (Primary),

Phtisis Pulmonalis

Second (Immediate),

Wasting - exhaustion

Duration of Last Sickness,

About eight months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 24th 1887

Undertaker, F. Lewis Schaefer J. Ridgely Hammond M. D.

Medical Attendant.

Place of Business, 316 W Fremont Street Address, 502 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98776 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

Mar 21. 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Morris J. Dowd,

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 71 Years, 9 Months, 21 Days.

Color, W.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Lawyer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore, Maryland,

Duration of Residence in the City of Baltimore, 55 years.

Place of Death, { Give Street and Number. }

1021 W. Lawrence,

Cause of Death, { First (Primary),
Second (Immediate), }

Ch. Deterioration of Nervous System,
Convulsions & coma,

Duration of Last Sickness,

18 mos.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 24th 1887

Undertaker, Stewart Mowen

E. S. M. D.

M. D.

Medical Attendant.

Place of Business, 215 M. 17 Park Avenue, 1007 W. Lawrence

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98777 Office of Registrar of Vital Statistics. Ward 8/7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 13

Date of Death, March 22/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna M Hatch

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 34 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give Street and Number. } # 487 E. Charles St.

Cause of Death, { First (Primary), Ulcerated bowel
Second (Immediate), Drunken }

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, March 24/87

Undertaker, A. S. Foy

M. D.

Medical Attendant.

Place of Business, 221 W Broadway, 129 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

(Rev. No. 2029)

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98778 Office of Registrar of Vital Statistics. Ward 79

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 23 1887

BALTIMORE

CERTIFICATE OF DEATH. H

Date of Death, March 22nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George E. Biddison

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 59 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Carpenter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } St. Joseph's Hospital

Cause of Death, { First (Primary), Cirrhosis of liver
Second (Immediate), Ascites. }

Duration of Last Sickness, 6 mos. 2

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, March 24/87

Undertaker, Mr. S. E. Oscar Lasker, M. D.
Medical Attendant.

Place of Business, 121 N. Broadway, Address, 624 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98779

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PAPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

MAY 29 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Elizabeth Shippard

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 46 Years, — Months — Days

Color, Col'd.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give Street and Number, } 1120 Harmonia Lane

Cause of Death, { First (Primary) Organ disease of Heart, Second (Immediate), Organ disease in Chest }

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 23 1887

{ Undertaker, William Dugan }

{ Place of Business, 150 East St }

John Brown M. D.
Medical Attendant.

Address, 1000 E. Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.*

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases at back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98780

Office of Registrar of Vital Statistics.

Ward 48

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death,

March 20 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Hitchens

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 34 Years, — Months, — Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Hockster

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balto. City —

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number. }

No. 115 Chestnut St.

Cause of Death, { First (Primary), Valvular Disease of Heart. }

Second (Immediate),

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, Mount Cemetery

Date of Burial, March 23 1887

Alex. Hill

M. D.

{ Undertaker, William B. Dugay

Medical Attendant.

{ Place of Business, 150 East St.

Address, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Card.

Health Department, City of Baltimore.

Permit No. 98781 Office of Registrar of Vital Statistics. Ward 2⁴

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 21st 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anna Elizabeth Skoring

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 24 Years, 7 Months, 0 Days

Color,

White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

House keeper.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give Street and Number. }

N. E. Cor. Canton Ave & Washington St

Cause of Death, { First (Primary),

Typhoid Fever.

Second (Immediate),

Exhaustion.

Duration of Last Sickness,

2 weeks -

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, March 23. 1887

William Ricker M. D.

Medical Attendant.

{ Undertaker, H. Sanderson & Son

{ Place of Business, 1710 Canton Ave Address, Peina Ave & Roberts St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]